



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

E	<input checked="" type="checkbox"/>	New	Vendor Code			Dept.		Contract Number	
M	<input type="checkbox"/>	Change			SC	HRD	A		
X	<input type="checkbox"/>	Cancel							
County Department					Dept.	Orgn.	Contractor's License No.		
HUMAN RESOURCES					HRD	HRD			
County Department Contract Representative					Ph. Ext.		Amount of Contract		
ELIZABETH SANCHEZ					7-6051				
Fund	Dept.	Organization	Appr.	Obj/Rev	Source	Activity	GRC/PROJ/JOB Number		
AAA	HRD	6000	200						
Commodity Code				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D
Project Name									

CONTRACTOR SAN BERNARDINO COUNTY SAFETY EMPLOYEES' BENEFIT ASSOCIATION (SEBA)

Birth Date _____ Federal ID No. or Social Security No. _____




Contractor's Representative James H. Erwin, President

Address 555 North "E" Street, San Bernardino, CA 92401 Phone (909) 885-6074

Nature of Contract: *(Briefly describe the general terms of the contract)*

Memorandum of Understanding (2002-2005) between the County and the Safety Employees' Benefit Association (SEBA) for the Safety Unit.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form	Reviewed as to Affirmative Action	Reviewed for Processing
 County Counsel	 _____	 Agency Administrator/CAO
Date _____	Date _____	Date _____